### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

LOCATION: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664	)1/24/2017
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138	001-N1									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
10/01/2016	12/31/2016									

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA								
PERMIT NUMBER		DISCHARGE NUMBER								
MONITORING PERIOD										
MM/DD/YYYY	]	MM/DD/YYYY								
10/01/2016	1	12/31/2016								

DMR Mailing ZIP CODE:

.....g 2... 0052.

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-ZA							
	PERMIT NUMBER DISCHARGE NUMBE									
	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	10/01/2016	7	12/31/2016							

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
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**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.023	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

ı	NHR053138			001-N1						
	PERMIT NUMBER			DISCHARGE NUMBER						
	MONITORING PERIOD									
	MM/DD/YYYY			MM/DD/YYYY						
	01/01/2017			03/31/2017						

DMR Mailing ZIP CODE: 03

annig En GGDE.

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	47	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	2.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.63	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	51	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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MANCHESTER, NH 03103

NHR053138		001-UA						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY						
01/01/2017	1	03/31/2017						

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.028	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138	ſ	001-ZA							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	01/01/2017	7	03/31/2017							

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.4	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-LA						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY						
04/01/2017	7	06/30/2017						

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.062	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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MANCHESTER, NH 03103

NHR053138	001-N1
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	52	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	3.5	mg/L	1	Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	.85	mg/L	1	Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	100	mg/L	1	Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138		001-UA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2017	7	06/30/2017

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.058	mg/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138	ſ	001-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	2R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2017	7	06/30/2017

DMR Mailing ZIP CODE:

**CODE:** 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.87	mg/L	1	Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-IW
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
10/01/2016	1	09/30/2017

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	5.2	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	7.4	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	3.1	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)23	3-2664	)3/30/2017
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-LA			
PERMIT NUMBER DISCHARGE NUMB					
MONITO	DRIN	IG PERIOD			
MM/DD/YYYY MM/DD/YYYY					
07/01/2017	1	09/30/2017			

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

			QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel peroperly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)87	3-1667	11/22/2017
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

1	NHR053138		001-N1					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY	]	MM/DD/YYYY					
	07/01/2017	]	09/30/2017					

DMR Mailing ZIP CODE:

3: 03103

MINOR

Scrap Recycling and Waste Recycling Facilities

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEPI	HONE	DATE
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TYPED OR PRINTED	anc and improviment or knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS:** 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-ZA							
	PERMIT NUMBER DISCHARGE NUMBEI									
	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	07/01/2017 09/30/2017									

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel eroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	arre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2017	1	12/31/2017

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.058	mg/L	1	Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

1	NHR053138			001-N1					
	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY		[	MM/DD/YYYY					
	10/01/2017		[	12/31/2017					

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	50	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.1	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	****	120	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	unic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-UA					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	OF	RING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2017	7	12/31/2017					

DMR Mailing ZIP CODE:

: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.083	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

| NHR053138 | 001-ZA |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2017 | 12/31/2017 |

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.47	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

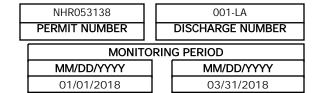
**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103



DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.032	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-N1						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
01/01/2018		03/31/2018						

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		AND	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	63	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	*****	4.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	*****	180	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	unic and impresonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY						
01/01/2018	1	03/31/2018						

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	DATE	
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TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-ZA
	PERMIT NUMBER	[	DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	01/01/2018	7	03/31/2018

DMR Mailing ZIP CODE:

ining zii oobe.

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabarra

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.33	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Richard Carmosino	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(781)873-1667		)2/07/2018
TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

illig zii oobe.

 $\mathsf{MINOR}$ 

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.031	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)7/31/2018	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

ı	NHR053138		001-N1
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORI	NG PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2018	1	06/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabarra

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	****	77	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	2.6	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	.65	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	150	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)7/31/2018	
TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2018	1	06/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	87	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-ZA	
PERMIT NUMBER	NUMBER DISCHARGE NUMBE		
MONITO	PRIN	G PERIOD	
MM/DD/YYYY		MM/DD/YYYY	
04/01/2018	1	06/30/2018	

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.69	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		)7/31/2018
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138		001-IW
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2017	7	09/30/2018

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	****	36	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	****	****	*****	****	7.43	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	*****	****	.47	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel evoperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
Monogon	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		12/10/2018
TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u>D</u> R	RING PERIOD
	MM/DD/YYYY 07/01/2018		MM/DD/YYYY
			09/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

			QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.027	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	ane are imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

ı	NHR053138		001-N1
L	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	ING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	Ī	09/30/2018

DMR Mailing ZIP CODE:

J

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		AUD	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	23	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	2.7	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.47	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	160	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel weroperly qather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/31/2018
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-UA				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITO	<u>D</u> R	RING PERIOD				
	MM/DD/YYYY 07/01/2018		MM/DD/YYYY				
			09/30/2018				

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	45	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u> </u>	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2018	7	09/30/2018

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.25	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-LA			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
MM/DD/YYYY	]	MM/DD/YYYY			
10/01/2018		12/31/2018			

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	)3/11/2019
TYPED OR PRINTED	pine and imprisorment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

	NHR053138			001-N1			
L	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITORING PERIOD						
	MM/DD/YYYY			MM/DD/YYYY			
	10/01/2018			12/31/2018			

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI E				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

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03103

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MANCHESTER, NH 03103

NHR053138		001-UA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
10/01/2018	1	12/31/2018

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel oroperly cather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)3/11/2019	
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2018	7	12/31/2018

DMR Mailing ZIP CODE:

**ODE**: 03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	O, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI E				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rute, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	)3/11/2019
TYPED OR PRINTED	ane and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138			001-LA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	2R	RING	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2019	7	[	03/31/2019

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)5/31/2019	
TYPED OR PRINTED	ente and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138			001-N1						
PERMIT NUMBER		DI	SCHARGE NUMBER						
MONITORING PERIOD									
MM/DD/YYYY	]		MM/DD/YYYY						
01/01/2019	]		03/31/2019						

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	170	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	13	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.3	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	*****	****	350	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)5/31/2019	
TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138	ſ		001-UA
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO	G PERIOD		
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2019			03/31/2019

DMR Mailing ZIP CODE:

**E**: 03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.22	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-ZA
	PERMIT NUMBER	[	DISCHARGE NUMBER
	MONITO	RING PERIOD	
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2019	7	03/31/2019

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.61	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME**: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

**FACILITY:** SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORII	NG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2019	1	06/30/2019

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	QUALITY OR CONCENTRATION				FREQUENCY	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.14	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly aghter and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEPI	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

	NHR053138			001-N1					
L	PERMIT NUMBER			DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	04/01/2019			06/30/2019					

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	****	78	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	****	*****	****	7.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	2	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	330	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME**: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
04/01/2019	7	06/30/2019

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.14	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		)8/29/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

J

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.88	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		)8/29/2019
TYPED OR PRINTED	and any isomical to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-IW		
PERMIT NUMBER		DISCHARGE NUMBER		
MONITO	PRIN	IG PERIOD		
MM/DD/YYYY	]	MM/DD/YYYY		
10/01/2018 09/30/2019				

DMR Mailing ZIP CODE: 03103

MINOR

Impaired Water External Outfall

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	O	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20	%		Annual	Grab
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.36	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.42	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		11/26/2019
TYPED OR PRINTED	and imprisonment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138			001-LA
	PERMIT NUMBER		DI	SCHARGE NUMBER
	MONITO	2R	ING F	PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	07/01/2019	7		09/30/2019

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.027	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		11/26/2019
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

	NHR053138	-		001-N1					
Γ	PERMIT NUMBER	ſ		DISCHARGE NUMBER					
	MONITORING PERIOD								
	MM/DD/YYYY	]		MM/DD/YYYY					
	07/01/2019			09/30/2019					

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No

		QUAN	ITITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	58	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.42	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	*****	****	*****	*****	150	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	tine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	IG PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
07/01/2019	1	09/30/2019

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	48	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rute, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	11/26/2019
TYPED OR PRINTED	and any isomical to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-ZA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	DRIN	G PERIOD
MM/DD/YYYY	]	MM/DD/YYYY
07/01/2019	1	09/30/2019

DMR Mailing ZIP CODE:

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.18	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rute, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		11/26/2019
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	<u>O</u> R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	7	12/31/2019

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI 8				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, rue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		)1/28/2020
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

1	NHR053138	-	001-N1						
	PERMIT NUMBER	Ī	DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	1	MM/DD/YYYY						
	10/01/2019	]	12/31/2019						

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No .

		QUANTITY OR LOADING			C	QUALITY OR CON	CENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 8				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 8				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI 8				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

**ADDRESS:** 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Γ	NHR053138		001-UA						
	PERMIT NUMBER	[	DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY	]	MM/DD/YYYY						
	10/01/2019 12/31/2019								

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No	
Discharge	

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel exporterly additionable the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-ZA						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY	]	MM/DD/YYYY						
10/01/2019	1	12/31/2019						

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI 8				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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**ADDRESS**: 69 Rover Street

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-LA					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	01/01/2020	7	03/31/2020					

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

	NHR053138			001-N1
	PERMIT NUMBER			DISCHARGE NUMBER
Т	MONIT	OR	RIN	G PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	01/01/2020			03/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI Z				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI Z				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI Z				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138	1	001-UA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORI	ING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2020	7	03/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-ZA				
	PERMIT NUMBER	DISCHARGE NUMBER					
	MONITO	OR	RING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	01/01/2020	7	03/31/2020				

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No	
Dischause	

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI Z				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly cather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-LA			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITO	2F	RING PERIOD			
	MM/DD/YYYY	]	MM/DD/YYYY			
	04/01/2020	7	06/30/2020			

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MANCHESTER, NH 03103

ı	NHR053138		001-N1
	PERMIT NUMBER	Ī	DISCHARGE NUMBER
	MONIT	OF	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	04/01/2020	]	06/30/2020

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI F				
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI F				
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI F				
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-UA		
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	DRIN	NG PERIOD		
MM/DD/YYYY		MM/DD/YYYY		
04/01/2020	1	06/30/2020		

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI F				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel worperly qualther and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	2-2583	)9/08/2020
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-ZA					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITO	OF	RING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY					
	04/01/2020	7	06/30/2020					

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI F				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

l	NHR053138		001-IW
Γ	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DRIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2019	1	09/30/2020

DMR Mailing ZIP CODE:

03103

MINOR

Impaired Water External Outfall

No	
Discharge	

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved percent saturation	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI E				
00301 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MAXIMUM	%		Annual	Grab
рН	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MAXIMUM	SU		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	****	*****	****	*****	.79	mg/L		Annual	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MAXIMUM	mg/L		Annual	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.045	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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TYPED OR PRINTED	and imprisonment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

ı	NHR053138		001-N1							
	PERMIT NUMBER	Ī	DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY	]	MM/DD/YYYY							
	07/01/2020	]	09/30/2020							

DMR Mailing ZIP CODE:

idiiiiig Zii GGDZ.

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	O	QUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	****	****	57	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	****	****	****	4.2	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	*****	.79	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	*****	190	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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MANCHESTER, NH 03103

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	PERMIT NUMBER		DISCHARGE NUMBER	
	MONITO	OR	RING PERIOD	
	MM/DD/YYYY		MM/DD/YYYY	
	07/01/2020	7	09/30/2020	

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.38	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

iiiig zii oobe.

 ${\sf MINOR}$ 

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	.57	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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İ	TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-LA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	7	12/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.48	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

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MANCHESTER, NH 03103

NHR053138	001-N1							
PERMIT NUMBER	DISCHARGE NUMBER							
MONIT	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2020	12/31/2020							

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	****	720	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	****	****	56	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	12	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	*****	630	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

DMR Mailing ZIP CODE:

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	730	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

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FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-ZA
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2020	٦	12/31/2020

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	4.6	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

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MANCHESTER, NH 03103

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	MONITO	2R	RING PERIOD
	MM/DD/YYYY	]	MM/DD/YYYY
	01/01/2021	7	03/31/2021

DMR Mailing ZIP CODE: 03103

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	.26	mg/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	.014 MAXIMUM	mg/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	TELEPHONE .		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)5/17/2021		
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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MANCHESTER, NH 03103

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	PERMIT NUMBER	Ī		DISCHARGE NUMBER					
Ī	MONITORING PERIOD								
	MM/DD/YYYY			MM/DD/YYYY					
	01/01/2021			03/31/2021					

DMR Mailing ZIP CODE: 03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Disabassa

		QUAN	ITITY OR LOADIN	IG	C	DUALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	****	300	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	100 MAXIMUM	mg/L		Quarterly	Grab
Iron, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	****	20	mg/L		Quarterly	Grab
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	1 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	*****	****	6.6	mg/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	.75 MAXIMUM	mg/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	*****	****	****	340	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)5/17/2021	
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

Г	NHR053138		001-UA			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITO	OF	RING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	01/01/2021 03/31/2021					

DMR Mailing ZIP CODE:

03103

MINOR

Copper: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	370	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3.8 MAXIMUM	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	TELEPHONE .		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)70	)5/17/2021		
TYPED OR PRINTED	ente and improviment or knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-ZA
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	PRIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
01/01/2021	03/31/2021	

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Zinc, total [as Zn]	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1.7	mg/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.04 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	HONE	DATE
	who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		)5/17/2021
TYPED OR PRINTED	and improviment of knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

03103

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

**NAME:** SCHNITZER NORTHEAST

**ADDRESS**: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138					
PERMIT NUMBER		DISCHARGE NUMBER			
MONITO	PRIN	IG PERIOD			
MM/DD/YYYY	]	MM/DD/YYYY			
07/01/2021	7	09/30/2021			

DMR Mailing ZIP CODE:

MINOR

Lead: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, total recoverable	SAMPLE MEASUREMENT	****	****	*****	*****	*****	68	ug/L		Quarterly	Grab
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	14 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel expects and expensely activate the information submitted. Paged on purifying the personnel personnel and the p	Gary Raddatz	TELEP	DATE	
	properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/25/2021
TYPED OR PRINTED	ane and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

# DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SCHNITZER NORTHEAST

ADDRESS: 69 Rover Street

Everett, MA 02149

FACILITY: SCHNITZER NORTHEAST ALLARD DRIVE FACILITY

**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

1	NHR053138			001-N1				
	PERMIT NUMBER	Ī		DISCHARGE NUMBER				
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	07/01/2021			09/30/2021				

DMR Mailing ZIP CODE:

03103

MINOR

Scrap Recycling and Waste Recycling Facilities

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	****	50	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	100 MAXIMUM	mg/L		Quarterly	Grab
Aluminum, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	1500	ug/L		Quarterly	Grab
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	1100 MAXIMUM	ug/L		Quarterly	Grab
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	130	ug/L		Quarterly	Grab
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	5.19 MAXIMUM	ug/L		Quarterly	Grab
Chemical Oxygen Demand [COD]	SAMPLE MEASUREMENT	****	****	****	****	****	160	mg/L		Quarterly	Grab
81017 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons	Gary Raddatz	TELEP	DATE	
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TYPED OR PRINTED	ame and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

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**LOCATION**: 200 ALLARD DRIVE

MANCHESTER, NH 03103

NHR053138		001-ZA				
PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER					
MONITO	2R	RING PERIOD				
MM/DD/YYYY	]	MM/DD/YYYY				
07/01/2021	7	09/30/2021				

DMR Mailing ZIP CODE:

03103

MINOR

Zinc: Water Hardness 0-24.99 mg/l

**External Outfall** 

No Disabassa

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION						0,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Zinc, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	****	*****	750	ug/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	37 MAXIMUM	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Gary Raddatz	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(603)702-2583		10/25/2021
TYPED OR PRINTED	ane are imprisorment to knowing violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY